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TRICARE Northwest

He's helping chart a course for the future

By Susie Stevens
TRICARE Marketing

Madigan Army Medical Center—

Change in the military is as certain as the sunrise, a fact underscored by the transition currently underway to the next generation of TRICARE contracts (TNEX) and the advent of a new Executive Director for the TRICARE Northwest Region, Cmdr. Terry Moulton, FACHE, to help chart that course.

“Our organization has several goals to focus on in the next year. The first is transition, transition and transition to TNEX. The second is to help Brig. Gen. Dunn transition to his new role of Lead Agent Senior Market Manager,” said Moulton. The Puget Sound area, which falls under the jurisdiction of Brig. Gen. Dunn as sen-

ior market manager, is one of ten markets for the military health system (MHS). “Another important task before us is to successfully complete the ongoing two-year Command and Control Pilot Project through to its October 2003 conclusion,” he added.

“We have an overarching mission, however, to implement the general’s health outcomes improvement program that could change the way medicine is practiced across the spectrum of health care,” Moulton explained. “We now have automation resources that make this type of program possible, and have been creating the infrastructure on the provider side by building



TRICARE Northwest Chief Information Officer Lt. Col. James Cohen speaks to Cmdr. Terry J. Moulton, MSC, USN, FACHE, who is the new TRICARE Northwest executive director about automation requirements for this TRICARE region. (Photo by: Chris Hober)

the Integrated Clinical Data Base (ICDB), and on the patient side by implementing the means by which they can access their medical information through TRICARE-On-Line (TOL).”

That presents a daunting task in a command structure that is more collaborative than controlling. “I see my job as a coach. My team, how-

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Region's executive director retires

MADIGAN ARMY MEDICAL CENTER-A retirement ceremony was held April 1 for Col. W. George Cargill, Executive Director, TRICARE NW, Office of the Lead Agent. Col Cargill had 26-years of service in the U.S. Air Force. Brig. Gen. Michael A. Dunn, Western Region Medical Commander and MAMC commander, TRICARE NW Lead Agent, congratulates Cargill on his 9-year tour of duty here. Cargill was a member of the Lead Agent staff from the onset of the TRICARE program.

TRICARE regional Information & Communication Technology Summit

By Chris Hober
TRICARE NW Marketing

Naval Hospital Bremerton, Puget Sound, Wash -- As one might expect, the one constant of this year's TRICARE Northwest Information and Communications Technology Summit (formerly the Information Management / Information Technology Summit) was change. From system support to comply with the Health Insurance Portability and Accountability Act (HIPPA) to exploration of new computer technology applications to improve information and communication access and flow for both clinical and administrative elements of the health care system, vir-

tually every topic touched upon represented another work-in-progress.

"The lines have blurred somewhat as to whether external needs are driving the industry or the information technology industry advances act as a catalyst for change," explained TRICARE NW Chief Information Officer Lt. Col. James Cohen, who organized the summit, "but I think that both of those elements are continually at play in this field. Take HIPPA, for instance. The proliferation of information technology in all of its forms drove the need for new privacy protection legislation, which in turn drove the industry to create means by which information could be

privacy protected in a user-friendly format. So the technology acted as a catalyst for change and the resulting legislation caused the industry to develop new technology in order to effect the change."

New DoD systems, such as Integrated Clinical Database (ICDB) and the Composite Health Care System II (CHCS II) hold the promise to revolutionize the military health care system giving health care providers greater access, assimilation and assessment of data that will allow patients to partner with their providers to improve their own health care outcomes. Additionally, video-conferencing (VTC) capability has

enabled regional providers to initiate specialty care appointments with patients via VTC for psychiatric care services.

TRICARE On-line (TOL) was also highlighted as an illustration of how far the information technology industry has come to support patient needs in DoD, eventually providing a platform for patient access to the information they need to monitor their own health on ICDB as well as giving the patient the ability to set their own primary care appointments and order their own prescriptions. Additionally, TOL features include health care news and information access, links to information about the

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Bridging the gap between patient & provider

By Dr. Jack Miller, MD
**NW Lead Agent, Mental Health
Medical Director**

Madigan Army Medical Center-- It's often said among health care professionals that health care is local, referring to the dramatic differences in the availability of various types of health care specialties, depending on location. In the mental health specialty, TRICARE Northwest now extends availability of mental health providers through the use of telemedicine that could make the local nature of health care a thing of the past.

According to current statistics, mental illness is the second leading cause of disability and premature mortality in the United States and other developed countries today. Nearly one in five Americans is affected by a mental illness in any given year, and it's estimated that over half of the U.S. population will experience a mental illness in their lifetimes. While the prevalence of mental illnesses varies little between rural and urban settings in the general U.S. population, mental health providers routinely work and reside in or near urban settings, creating something of a mental health care vacuum in rural locales.

About two years ago, for example, there was a critical shortage of mental health services available to children of active-duty military personnel in the relatively isolated Oak Harbor community. At the direction of the TRICARE North-

west Lead Agent, the regional Mental Health Care Consortium, comprised of mental health professionals from each of the uniformed services, began exploring new methods of improving access to care for that group.

One solution they hit upon was telemedicine. Today Mental Health providers use telemedicine to reach patients throughout the region who never had easy access to their services in the past. Not only does the new technology increase access to providers, it also reduces long patient commutes to reach far-flung locations, thereby improving convenience to the patient. Currently, TRICARE Northwest uses telemedicine for radiology, dermatology and mental health services.

Presently, this region uses five video-conferencing systems at six five locations (Madigan, Naval Hospital Bremerton, Naval Hospital Oak Harbor, Everett Clinic and Fairchild) to bridge the gap between provider and patient. This equipment transmits information via secure audio and video data online between a patient and his/her provider. The secure transmission protects patient confidentiality during the online session with their provider.

Tele-Mental Health allows psychiatrists, psychologists and social workers to provide services to patients at their local MTF, thus reducing both time and money for patients. A Madigan psychiatrist can provide a patient consult to recommend and prescribe medica-



By Dr. Jack Miller, MD, TRICARE NW
Mental Health Director

tion necessary for treatment with patients at Everett and Fairchild where there are psychologists but no psychiatrists. This new technique also helps eliminate the need to refer patients to TRICARE network providers, thereby saving taxpayer dollars, as well.

Naval Hospital Oak Harbor was the first to offer this service last April to aid adolescent patients. The group of patients who were recruited to try out the new technology got selected from among those who were familiar and comfortable with online communication.

Here's how it works. Patients who agree to receive their care using this new technology go to the NHOH MH clinic. After a brief introduction to the VTC, their appointment begins with their physician, located about 100 miles away at MAMC. If prescriptions or further referrals are needed, those are provided via e-mail with an elec-

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ever loosely based, is the staff and leadership of each of our Military Treatment Facilities,” Moulton said. Those and the Lead Agent staff are the subject matter experts he looks to for guidance in charting the course to transition to TNEX. “Our goal is to meet the needs of our multi-service market. As a multi-service manager it is our job to support both the deck plates and line units. We have to figure out how to do it in a way that will best support our MTFs,” said Moulton. While acknowledging that much of his job will be to learn how he can best establish a support system to ensure the future success of MTFs here, his long-range goal is to continue to provide the highest quality of health care to military family members.

“I face some big challenges; I need to understand all the ramifications of TNEX, understand what referral management means for the Military Treatment Facilities in Puget Sound and help the respective regional MTF staffs know that my job is to serve them,” according to Moulton. “But contrac-

tual and administrative changes are only part of our mission. Through the implementation of a health outcomes improvement program, we are assisting Brig. Gen. Dunn to effect a revolution, if you will, in both the way health care is delivered in the military healthcare system and in the way that both providers and patient interact for mutual success,” he explained. “Successful implementation of that program could potentially change the face of health care, as we know it.”

Although his father was in the Air Force, he chose the Navy as it offered him the opportunity to become a Health Care Administrator. He attended Western Kentucky University where he received an undergraduate degree in Health Care Administration. He went on to earn a Master’s Degree in business administration at Chaminade University after having been selected for out-service training. In 1991, he was assigned as the Navy’s second Postgraduate Administrative Fellow at the American Hospital Association in Washington D.C.

During his twenty

years in the Navy Moulton has served in various assignments, as far-flung as Philadelphia, Pa; Pearl Harbor, Hawaii; Cherry Point, N.C.; and Guantanamo Bay, Cuba. He served two tours at the Naval Bureau of Medicine and Surgery, where on the second tour he assisted as one of the framers of the TRICARE Program, and carried that support through a subsequent assignment in July of 2000 as the Director, Health Affairs for the Assistant Secretary of the Navy. He also served aboard the Aircraft Carrier, the U.S.S. Nimitz, for three years, during which, he participated in Operation Desert Storm. The Nimitz was then based at Puget Sound Naval Shipyard in Bremerton, and during that time, he developed a love for the Pacific Northwest.

“This is not my first assignment in this part of the country. About 10-years ago I was stationed in the Northwest. I’ve been trying to return ever since. I enjoy the friendly people and the great outdoors such as fresh air and clean water,” he said. Moulton enjoys golfing, fishing and physical ac-

tivities.

“I’m very open, very approachable when it comes to sharing ideas,” he added. “Our job as an organization, in my opinion, is to support Brig. Gen. Dunn and work as a team, regardless of which uniform we wear. Change is certain and a part of military life. It’s something we have to continually adjust to; it’s not something we’re not used to,” he said.

“This TRICARE Region has led the way for other regions from the time that TRICARE first began. We’ve been a model to learn from of how to complete a transition successfully. This October we complete the two-year Pilot Project where we had a chance to demonstrate excellence, and through that project we have proven that by working cooperatively, we can improve health care delivery across the military health care system and at the same time, reduce costs associated with that care. I hope we can keep that momentum going to continue to lead the way in our transition to TNEX,” he concluded.

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TRICARE Program and the template for a health care journal that the patient can adapt to monitor their own health progress.

Participants also were provided an overview of the TRICARE Information Management Program Office (TIMPO) that provides support and technical assistance for all of the Department of Defense Health Affairs elements. TIMPO Director Navy Capt. Richard Foster stressed the need for user education across the DoD health spectrum to promote information technology use, where appropriate, generate new ideas for information technology applications and improve efficiencies in using information systems.

The three-day summit concluded with a visit to Microsoft in Redmond where participants were briefed on a variety of new and developing applications for the health care industry. Some of those applications such as teleconferencing, are already in use in the TRICARE NW region. Other applications presented hold some promise for future uses in the Military Health care System.

Wireless technology, for example, allows a provider to use an elec-

tronic note pad rather than a personal business computer or laptop when treating patients. This method allows the provider to have access to electronic pages which may contain patients' basic medical history, current and past medications and any allergies to medications, latest radiology results or lab tests, and current and past specialty care referrals, as well as other medical information. Since the provider, through the use of such a notepad, can access information virtually anywhere at anytime without cable link to the internet, it gives the provider complete freedom to provide patient care in any appropriate setting, be it an emergency room, clinic or ward, without the worry of whether a cable outlet is nearby. This method also gives the provider the ability to make decisions as to what should be contained on the notepad and how it would be organized for easy access and convenient use in patient care, which could vary according to the type of care and venue in which it is provided.

Another advantage of electronic notepad use is better communication and eye contact between the provider and patient,

which is a very important element to patient-provider relations.

Doctors who have used PCs and laptops in the past have sometimes been found to alienate patients, according to satisfaction surveys, because they lose eye contact when searching for information and keying in data, and often even have to turn their backs to patients in order to operate the computer. When this happens, patients often feel that the provider is not really listening to them, but is more concerned with the technology than their illness or injury. Using the electronic notepad, providers never lose contact with their patients due to information needs. Madigan Army Medical Center will be the first facility in TRICARE NW to capitalize on this technology, as plans are already underway to initiate electronic notepad use for providers in MAMC's Emergency Room by this summer.

"The information technology advances we've seen so far, however, only scratch the surface



Microsoft Inc. Product Manager Ravi Gopal informs IM/IT Conference attendees about the next generation of computer-based products and applications during the conference. Confer-

as to the potential that these tools hold for the future," Cohen explained. "Voice-activated computers and the use of a see-through eyepiece that enables one to use their computer even while performing other activities have already been developed and are now being perfected for regular use even while new uses for those technologies are being explored. Change and challenges are the constant of the information management revolution, and we in DoD health care are trying to stay at the tip of the spear in capitalizing on the changes and meeting the challenges of the new era."

tronic provider signature that is pass-protected CHCS or Fax for security. The patient then provides some feedback as to how well the encounter went and whether telemedicine would be preferable for them in future sessions.

Following some initial successes using the technology at NHOH, Everett Navy Clinic opened a new program for both adolescents and adults. In November the third clinic of this kind began service to Spokane TRICARE customers for active duty airmen, as Fairchild AFB Military Treatment Center has no psychiatric services available in-house.

Patients must volunteer in order to see their mental health provider via VTC. If a patient chooses not to use this mode of communication, he or she can choose to go to a TRICARE provider in their community. Patients have made over 130 appointments using this new equipment and they give positive feedback regarding the quality of the care a patient has received.

Treating patients via telemedicine does have its drawbacks, however. For the provider, it is not as satisfying as actually being in the same room with the patient. Both patient and provider need to adjust to the slight delay in video transmission. Sometimes the picture is not as clear or consistent as one would like, causing the provider to miss facial and body signals that may be important to the encounter. This may necessitate additional communication between patient and provider to give the provider other clues as to the psychological and emotional state of the patient.

As VTC technology becomes more affordable, available and increasingly user-friendly, however, the use of Tele-Mental Health promises to improve and these glitches will become a thing of the past. New applications for the technology will undoubtedly also be developed, as well. It's not so far-fetched in the future to imagine virtual group sessions and other encounters being conducted online. As the technology continues to improve, new potential



Dr. Jack Miller, MD, NW Lead Agent, Mental Health Director is able to treat patients who require medication via Tele-Mental Health equipment from his office at Madigan Army Medical Center. (Photo by Susie Stevens)

uses will emerge that perhaps haven't even been thought of yet. Peoples' imaginations will likely be the main limiting factor.

2003 TRICARE West Coast Conference

4th Annual West Coast Regional TRICARE Conference – 8-10 July 2003, Portland, Oregon

The Fourth Annual West Coast Regional TRICARE Conference will be held July 8-10 at the Doubletree Columbia River/Jantzen Beach Hotel. The theme for this year's conference is **"MILITARY HEALTH SYSTEM TRANSFORMATION – Shaping Markets, Empowering People, Forging New Partnerships"**.

People attending the conference can register online soon. People will soon be able to access the registration form, agenda and general conference material through the TRICARE Northwest web page at <http://tricarenw.mamc.amedd.army.mil>. If you have any questions, please contact Mr. Michael K. Petty at DSN 782-3424 or COM (253) 968-3424, or e-mail: Michael.Petty@NW.amedd.army.mil